



UNITED STATES MARINE CORPS
III MARINE EXPEDITIONARY FORCE, FMF
UNIT 35601
FPO AP 96606-5601

ForO 6320.8A
16
18 Mar 96

FORCE ORDER 6320.8A

From: Commanding General
To: Distribution List

Subj: CREDENTIALING AND PRIVILEGING OF PHYSICIAN AND
NON-PHYSICIAN HEALTH CARE PROVIDERS: MEDICAL STAFF BY-LAWS

Ref: (a) BUMEDINST 6320.66B
(b) BUMEDINST 6010.17A
(c) SECNAVINST 4001.2F

1. Purpose. To establish policy, prescribe procedures, and assign responsibilities for the review of credentials and the granting of patient care privileges to physicians and non-physician health care providers.

2. Cancellation. ForO 6320.8.

3. Applicability. This Order applies to all Medical Officers assigned to and under the operational control of III Marine Expeditionary Force (MEF) and Major Subordinate Commands (MSC).

a. III MEF Medical Professional Policies and Procedures

(1) Each physician within III MEF is responsible for the contents of this Order.

(2) All new physicians within III MEF should read and acknowledge that they have read this Order within one week after reporting onboard. Their MSC Surgeons are responsible for the orientation to this Order, as well as to the credentialing and privileging policies as set by reference (a) and (b).

(3) The contents of this Order and cited references constitute the expected standards of performance by physicians within III MEF and are considered an integral part of the Medical Staff By-Laws for III MEF health care providers. Adherence to these standards are vital for the provision of high quality patient care, and maintenance of practice privileges.

(4) The purpose of these policies and procedures is to provide guidance, by which each Medical Officer will practice and carry out his/her assigned duties and functions and will also establish a means of accountability to the Commanding General.

These guidelines provide a mechanism by which the health care provider can:

(a) Assure the quality of medical practice and care provided to patients.

(b) Positively influence the command in order to improve the services provided and to establish an organizational structure for medical staff activities.

(c) Annual review of this Order is the responsibility of the Executive Committee of the Medical Staff (ECOMS). Changes in current practices with respect to medical staff organization and function will cause revisions. Proposals for revision of the by-laws are by action of ECOMS, or by submission from any member of the Medical Staff to the Chairman of ECOMS.

b. ECOMS oversees the medical activities within III MEF

(1) Membership:

(a) Surgeon, III MEF - Chairman.

(b) Surgeon, 3D MarDiv.

(c) Surgeon, 1st MAW.

(d) Surgeon, 3D FSSG.

(e) Senior Medical Officer, III MEF HI.

(f) Psychiatrist, 3D MarDiv.

(g) Professional Affairs Coordinator of each MSC.

(h) Medical Administrative Officer, III MEF.

(i) MSC Medical Administrative Officers.

(2) ECOMS will meet quarterly and maintain a permanent record of its proceeding and actions.

(3) Responsibilities

(a) Receive reports and recommendations from all MSCs.

(b) Implementing policies pertinent to the Medical Staff.

(c) Review and endorse all adverse credentials (Endorsement for privileging will be done by respective MSC Surgeons).

(d) Fulfill the medical staff's accountability to CG, III MEF for high quality of overall care rendered to Marines and sailors with all III MEF Medical Treatment Facilities (MTF).

c. III MEF Credentials Committee. Each MSC will have a Credential Subcommittee, responsible for the evaluation of privilege qualifications and for recommendations regarding privileges of applicants. The ECOMS within III MEF will oversee this function.

(1) The chairman of the Credentials Subcommittee will be the MSC Surgeon.

(2) The committee will hold monthly meetings and report on all its action to ECOMS. Formal minutes are required and will be submitted to the individual MSC CG.

(3) All members of the Medical Officers within III MEF have the responsibility to provide the highest quality level of medical care. Individual MSC's are responsible for taking corrective action when appropriateness of care becomes questionable.

(4) All adverse privileges action will be conducted per reference (a).

d. Duties and responsibilities of MSC Surgeons

(1) Responsible for the quality of health care services rendered within their MSC.

(2) Responsible for the continuing surveillance of the professional performance of all providers with operational medical privileges.

(3) Recommends granting of operational medical privileges in their MSC.

(4) Assures the quality and appropriateness of care provided in their command is monitored, evaluated and results are acted upon.

(5) Provides input to the ECOMS for ongoing patient care review, credentialing issues, and responding to the resulting recommendations.

(6) Ensures development of a command medical QA/QI plan. Reviews and revises the QA plan annually.

(7) Ensures all medical records in their command are properly written and acceptable in content and quality.

(8) Provides timely evaluation of all customers.

(9) Command Surgeon will orient each new Medical Officer to command's SOP, Medical Staff By-Laws, policies and procedures, pertinent facility space, safety procedures and scope of care.

e. Duties of the Medical Officers

(1) Only Medical Officers who have appropriate operational medical privileges may provide care to customers.

(2) All customers contact must be appropriately documented.

(3) Histories and physical exam must be written legibly in the medical record within 24 hours of patient contact.

(4) Performance of invasive diagnostic or therapeutic procedures must be within the delineated scope of care and appropriately documented.

(5) All tissue removal at the time of a procedure will be sent to the serving MTF pathologist for examination and derivation of pathological diagnosis. Exceptions are to be determined by ECOMS.

(6) All Providers are encouraged to participate in a Continued Medical Education (CME) activity as related to privileging and maintenance of licensure.

(7) All medical staff members on phone call watch or duty watch must stay within 30 minute travel time of their treatment facility.

(8) When a patient requires transfer to a higher echelon care facility, the attending Medical Officer will provide appropriate cover, transfer and transportation of the patient.

f. Quality Assessment/Quality Improvement Program

(1) All health care providers are expected to participate in the QA/QI Program, as per each individual MSC direction, with the objective of providing high quality patient care.

(2) Active participation is required of all health care providers in the following:

(a) Notify the QA/QI coordinator of any problems that are identified.

(b) Complete management variance reports for any inappropriate or undesirable non-patient care incidents.

(c) Peer review is the mechanism for assuring that quality and appropriateness of care is being evaluated.

(d) All invasive procedures require evaluation of the appropriateness and quality of care during these procedures. Invasive procedure is any procedure that requires informed consent (SF522).

(3) All MSCs must develop in addition to in garrison QA/QI, a deployment QA/QI program.

g. Consultations. Medical staff members are responsible for assuring that consultations are obtained where indicated. Consultation with a qualified provider is required in the following cases:

(1) The diagnosis remains uncertain following indicated diagnostic studies.

(2) Psychiatric evaluation of suicide behavior, and drug overdose.

(3) Where there is doubt as to the best therapeutic measure.

(4) The patient is at unusually high risk for complications.

h. Medical Records

(1) General

(a) Write all records in a legible manner.

(b) Write the date and times all record entries.

(c) Do not entrust medical record to patient. All records are property of the U. S. Government, should be maintained at the appropriate MTF and should not be released without approval of the Officer In Charge of the MTF.

(d) The provider is responsible for accurate recording of all clinical visits in the medical record. The record shall include a description of present illness, pertinent past medical history, physical examination, lab and x-ray studies ordered and results, working diagnosis, proposed management and therapy and directions given to patient. Use of the SOAP format is encouraged.

(2) Problem Summary List

(a) The provider is responsible for maintaining an accurate up to date Problem Summary List and should include:

1 Allergies.

2 Chronic medications (>90 days).

3 Significant illness (>90 days).

4 Surgical history.

(3) Inpatient Medical Records

(a) No inpatient capability in garrison.

(b) Inpatient record management for deployed units that have the capability for inpatient care will be done in accordance with the deployed units Standing Operating Procedure (SOP).

4. Ancillary Services

a. Prescription Writing

(1) All providers eligible to write prescriptions should obtain and become familiar with the list of medications available.

(2) All prescriptions written for controlled substances must have a health record entry describing the problem, diagnosis and treatment. Audits that reveal treatment written without health record entry will generate an occurrence screen.

b. Adverse Drug Reaction

(1) Providers and QA/QI coordinator will report all drug reaction to the QI Committee. QI Committee will review the report for appropriate action.

(2) Definition of adverse drug reaction. Any known or suspected side effect, irritation, allergy or other adverse effect of any medication or medical product made known to the provider or

other health care staff. Any change in medication or dose due to patient intolerance, reaction or allergy/rash.

5. III MEF Deployment or Exercise

a. Health care providers participating in operational exercise or deployment under the cognizance of III MEF, will practice under the clinical privileges granted by their privileging authority.

b. The MTF of each deployed unit will manage QA/QI in accordance with their deployed QA plan when deployed as a single unit.

c. Deployed QA/QI data will be forwarded to the respective unit's MSC Surgeon.

d. Units that come under a joint command will follow the QA/QI process of that command.

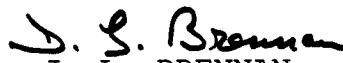
6. Ethical Standards. All physicians within III MEF shall conform to the highest standard of moral and ethical behavior in all activities.

a. A provider will not deceive any patient as to the identity of any other provider providing treatment or service.

b. A provider will not delegate the responsibility for diagnosis or care of a patient to another provider who is not qualified to undertake this responsibility.

c. All providers will ensure continuous care of their patients.

d. Providers will comply with reference (c) in regards to acceptance of gifts.


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